

CLAIMS ONLY						Application Number <i>10725883</i>	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1											
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48		1										
49		1										
50		1										
Total Indep												
Total Depend												
Total Claims												

Total Indep *60*
 Total Depend *64*
 Total Claims *70*